

Comparison of health plans offered for 2005

Plan	SHP Savings Plan		SHP Standard Plan		Companion HMO	CIGNA HMO	MUSC Options	
Availability	Coverage Worldwide		Coverage Worldwide		Available in all counties in S.C.	Available in all S.C. counties, except: <i>Abbeville, Aiken, Barnwell, Edgefield, Greenwood, Laurens, McCormick and Saluda</i>	Available in these S.C. counties: <i>Berkeley, Charleston, Colleton and Dorchester</i> counties	
Active Employee Monthly Premiums ² <i>Employees Only</i> <i>Employee/Spouse</i> <i>Employee/Children</i> <i>Full Family</i>	\$ 9.28 \$ 72.56 \$ 20.28 \$108.56		\$ 93.46 \$237.50 \$142.46 \$294.58		\$101.58 \$309.24 \$226.36 \$464.00	\$ 97.80 \$296.66 \$216.36 \$445.34	\$ 99.02 \$288.40 \$190.34 \$374.00	
Annual Deductible <i>Single</i> <i>Family</i>	\$3,000 \$6,000		\$350 \$700		\$250 \$500	NONE	In-network NONE	Out-of-network \$300 \$900
Coinsurance	In-network Plan Pays 80% You Pay 20%	Out-of-network Plan Pays 60 % You pay 40%	In-network Plan Pays 80% You Pay 20%	Out-of-network Plan Pays 60% You Pay 40 %	HMO pays 90% after copays You pay 10%	HMO pays 80% after copays You pay 20%	In-network HMO pays 100% after copays	Out-of-network HMO pays 60% of allowance You pay 40%
Coinsurance Maximum <i>Single</i> <i>Family</i>	\$2,000 \$4,000 (excludes deductible)	NONE	\$2,000 \$4,000 (excludes deductible)	\$4,000 \$8,000 (excludes deductible)	\$1,500 \$3,000 (excludes deductible)	\$3,000 \$6,000 (includes inpatient, outpatient, copays and coinsurance)	N/A	\$3,000 \$9,000 (excludes deductibles)
Physicians Office Visits	Chiropractic benefits limited to \$500 a year per person, after deductible		\$10 per visit deductible then:		\$15 PCP copayment \$15 OB/GYN well woman exam \$25 specialist copay	\$20 PCP copayment \$40 OB/GYN well woman exam \$40 specialist copay	\$15 PCP copay \$15 OB/GYN well woman exam \$25 specialist copay with referral \$45 specialist copay without referral	HMO pays 60% of allowance after annual deductible You pay 40% No preventive care benefits out-of-network
	No per-occurrence deductibles or copayments							
	In-network Plan Pays 80% You Pay 20%	Out of-network Plan Pays: 60% You Pay 40% No preventive care benefits out-of-network	In-network Plan Pays 80% You Pay 20%	Out-of-network Plan Pays 60% You Pay 40%				
Hospitalization/ Emergency Care	No per-occurrence deductibles or copayments		Outpatient hospital: \$75 per-occurrence deductible Emergency care: \$125 per occurrence deductible		Inpatient: \$200 copay Outpatient: \$75 copay/first 3 visits Emergency Care: \$100 copay HMO pays 90% after copays You pay 10% \$35 urgent care copay, then HMO pays 100%	Inpatient: \$500 copay Outpatient facility: \$250 copay Emergency care: \$100 copay	Inpatient: \$300 copay Outpatient Facility: \$100 ³ copay Emergency Care: \$100 copay \$35 urgent care copay	HMO pays 60% of allowance after annual deductible You pay 40% Emergency care: \$100 copay
Prescription Drugs	Participating pharmacies and mail order: You pay the State Health Plan's allowable cost until the annual deductible is met. Afterward, the Plan will reimburse 80% of the allowable cost; you pay 20%. When coinsurance maximum is reached, Plan will reimburse 100% of allowable cost.		Participating pharmacies only: \$10 generic \$25 preferred brand \$40 non-preferred brand (up to 31-day supply) Mail order (up to 90-day supply): \$25 generic, \$62 preferred brand, \$100 non-preferred brand Out of pocket max: \$2,500		Participating Pharmacies only \$8 generic \$25 preferred brand \$40 non-preferred brand \$75 specialty pharmaceuticals (31-day supply) Mail order (Up to 90-day supply): \$16 generic, \$50 preferred brand, \$80 non-preferred brand	Participating pharmacies only: \$7 generic \$25 preferred brand \$50 non-preferred brand (up to 30-day supply) Mail order (up to 90-day supply): \$14 generic, \$50 preferred brand, \$100 non-preferred brand	Participating pharmacies only: \$10 generic \$25 preferred brand \$40 non-preferred brand (31-day supply) Mail order (90-day supply): \$15 generic, \$50 preferred brand, \$80 non-preferred brand	

¹This table is for comparison purposes only.

²Rates for local subdivisions may vary. To verify your rates, contact your benefits office.

³There will be no copayment for services performed at MUSC outpatient facilities.